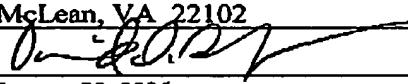
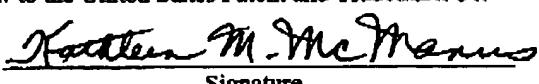


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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/622,772
		Filing Date	07/21/2003
		First Named Inventor	Marc ROHRSCHEIDER
		Group Art Unit	3752
		Examiner Name	Christopher S. Kim
Total Number of Pages in This Submission	16	Attorney Docket Number	740116-490

ENCLOSURES (check all that apply)				
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i> <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Declaration and Power of Attorney <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____			
	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Request for Corrected Filing Receipt with Enclosures <input type="checkbox"/> A self-addressed prepaid postcard for acknowledging receipt <input type="checkbox"/> Other Enclosure(s) (please identify below): _____			
	Remarks <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 19-2380 for the above identified docket number.			

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	David S. Safran, Reg. No. 27,997 Roberts Mlotkowski & Hobbes P.C. 8270 Greensboro Drive, Suite 850 McLean, VA 22102
Signature	
Date	January 30, 2006

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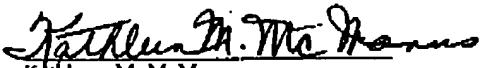
Docket No. 74116-490

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:) **RESPONSE UNDER 37 CFR 1.116**
Marc ROHRSCHNEIDER) **EXPEDITED PROCEDURE**
Serial No. 10/622,772) **EXAMINING GROUP 3752**
Filed: 07/21/2003) Examiner: Christopher S. Kim
For: FINGER OPERATED SPRAY PUMP) Confirmation No. 4231

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Kathleen M. McManus

AMENDMENT AFTER FINAL

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Sir:

The following is presented in response to the final Office Action that was mailed on November 30, 2005, in connection with the above-captioned patent application.